

STATE OF HAWAII
NOTICE OF AND REQUEST FOR EXEMPTION
FROM CHAPTER 103F, HRS

To: Chief Procurement Officer

From: Health/ Developmental Disabilities Division
Department/Division/Branch or Office

'06 NOV 24 A9:25

Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1. Title and description of health and human service(s):

Temporary residential services for youth.

2. Provider Name and Address:

Child & Family Services - Mana House
91-1841 Fort Weaver Road,
Ewa Beach, Hawaii 96706

3. Total Contract Funds: \$54,000.00 (\$9,000 per month over 6 months)
Contract Funds per Year (if applicable):

4. Reference number of Previous Request for this
Service (if applicable):

5. Term of Contract:	Start:	Date of youth's admission	Program does not have exact date of discharge from hospital. Time line provided needs to be flexible given complexity of the case.
	End:	6 month after admission	

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6. Describe how procurement by competitive means is either not practicable or not advantageous to the State:

Procurement by competitive means would not be practical or advantageous due to the highly complex legal and complicated service issues needed for this case at this time. Given present nature of youth's emotional disposition at this time makes it very difficult to determine course of services that would be in the best interest of the youth. However, indeterminate stay in an acute care facility is not appropriate (based on Olmstead decision) and the State needs to plan for youth's release into a secured community setting upon discharge. Community setting will need to have safeguards as this youth's behavior could potentially cause physical harm to self and others. Residential services need to have staff trained or immediate access to knowledgeable staff able and willing to manage youth's intermittent violent behavior during psychotic episode (youth is still being evaluated for determination of eligibility for Developmental Disabilities/Mental Retardation (DD/MR)).

Based on the need to have youth immediately transferred from hospital to a secured residential placement, with ample support system in place, does not afford the program sufficient time to develop and execute a contract by target discharge date (could be as early as latter November 2006). To maintain youth's stay beyond acute phase would potentially leave youth homeless or in a setting where youth may seriously hurt others or own self if not appropriately managed. This would potentially expose the State and staff to potential legal action if placement is viewed as "careless."

CFS-Mana House has provided services in the past to the Developmental Disabilities Division and is viewed as very capable and willing to house this youth. Unfortunately, individual must be screened and determined eligible for DD/MR services, then determined if Medicaid eligible in order to receive medicaid services from this provider. Upon eligibility determination should youth be DD/MR and Medicaid eligible for services, provider cannot take client without being reimbursed for these services outside fo Medicaid.

7. Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable:

As stated above, due to the complexities of this case legally and in the delivery of appropriate supports services required would directly impact the placement itself, other providers had not been sought. At this time as there has been difficulty in getting youth to cooperate with evaluations to provide best possible care, it would not be practical to consider other providers at this time. At this time, based on program's familiarity with the various providers, program strongly believe, with the exception of the above mentioned provider, most providers would not be able to manage youth's complex (mental health and potential DD/MR) issues.

8. Describe the state agency's internal controls and approval requirements for the exempted procurement:

This case requires oversight by the Chiefs of Child & Adolescent Mental Health & Developmental Disabilities Division, Acting Branch Chief, Case Management & Information Services Branch, along with clinical staff consultation from each Division. Upon review and written confirmation on invoices for services rendered by the provider, fiscal staff will process payment. Any questions or concerns regarding any services provided will be forwarded to authorized designee to follow-up with provider of any questionable services.



9. List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Christina Donkervoet, Division Chief, CAMHD
Dr. David F. Fray, Division Chief, DDD
Dr. Kenneth Kim, Behavioral Specialist, DDD
Trudy Murakami, PHAO, DDD
Sharon Tanaka, Acting Chief, CMISB
Margery Sheehan, Acting Contracts & Monitoring Section Supervisor, CMISB

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10. Direct questions to (name & position):	Sharon Tanaka, Acting Chief, CMISB
Phone number:	(808) 733-9172
e-mail address:	sharon.tanaka@doh.hawaii.gov

I certify that the information provided above is to the best of my knowledge true and correct.

 _____ <i>Department Head Signature</i>	 _____ <i>Date</i>
Chiyome Leinaala Fukino, M.D. _____ <i>Typed Name</i>	

NOTICE

The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to: Aaron Fujioka, Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.

FOR CHIEF PROCUREMENT OFFICER USE ONLY

Chief Procurement Officer's Comments:

☐ **APPROVED** ☐ **DISAPPROVED** ☐ **NO ACTION**

_____ <i>Chief Procurement Officer Signature</i>	_____ <i>Date</i>
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Please ensure adherence to applicable administrative requirements.